

# *NC-SNAP: North Carolina*

## **Summary Report & Supplemental Information**

When administering the *NC-SNAP* in North Carolina, complete **all** applicable sections of this form. **Please print neatly!** When completed, insert this form inside the *NC-SNAP* and forward the assessment to the responsible LME for keying into the *NC-SNAP* database. After data entry, if desired, this form may be stored separately from the *NC-SNAP* (e.g., in the individual's programming or financial record).

Date of Current *NC-SNAP* Assessment \_\_\_\_\_ Individual's Name: \_\_\_\_\_

Type of Assessment (*check only one*) Individual's Unique ID No. \_\_\_\_\_

\_\_\_\_\_ Initial Assessment Individual's Case No. \_\_\_\_\_

\_\_\_\_\_ Annual Update Medicaid ID No. \_\_\_\_\_

\_\_\_\_\_ Special Update

\_\_\_\_\_ Change in DD Support Status (to convey that an individual is no longer receiving services, this section can be completed and forwarded to the LME without an accompanying *NC-SNAP* assessment):

\_\_\_\_\_ Deceased, \_\_\_\_\_ Refused Services, \_\_\_\_\_ Unable to Locate, \_\_\_\_\_ Moved to another LME,

\_\_\_\_\_ Moved Out of State, \_\_\_\_\_ No Longer Receiving Services (other)

### **Current *NC-SNAP* Scores**

Daily Living: \_\_\_\_\_ Health Care: \_\_\_\_\_ Behavioral Supports: \_\_\_\_\_ Overall Level: \_\_\_\_\_

### **Examiner/Agency Information**

Examiner's Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

NC-SNAP Certification No. \_\_\_\_\_ Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_

### **Individual's Type of Residential Placement (*check only one*)**

- \_\_\_\_\_ Independent Living
- \_\_\_\_\_ Family Home
- \_\_\_\_\_ Foster Home
- \_\_\_\_\_ Supervised/Assisted Living (private)
- \_\_\_\_\_ Alternative Family Living (private)

#### **Group Home (private):**

- \_\_\_\_\_ ICF/MR (i.e., Medicaid funded)
- \_\_\_\_\_ DDA (i.e., state funded residential)
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

#### **Adult Care Home:**

- \_\_\_\_\_ Nursing/Rest/Adult Care Home
- \_\_\_\_\_ Skilled Nursing Home
- \_\_\_\_\_ Family Care Home

#### **Large (>15 bed) Congregate-Care Facility:**

- \_\_\_\_\_ Tammy Lynn Center
- \_\_\_\_\_ Howell's Center
- \_\_\_\_\_ Holy Angels
- \_\_\_\_\_ Black Mountain Center
- \_\_\_\_\_ Caswell Cent
- \_\_\_\_\_ Murdoch Center
- \_\_\_\_\_ O'Berry Center
- \_\_\_\_\_ JIRDC
- \_\_\_\_\_ Psychiatric Hospital
- \_\_\_\_\_ Other Not Listed (specify below): \_\_\_\_\_